TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30 – Division of Regulation and Licensure
Chapter 20 – Hospitals

EMERGENCY AMENDMENT

19 CSR 30-20.030 Construction Standards for New Hospitals The Department of Health and Senior Services is amending sections (2) and (3).

PURPOSE: This emergency amendment updates the rule regarding hospital construction to align with budgetary cuts that go into effect July 1, 2026. The emergency amendment removes the approval process previously provided by the Engineering Consulting Unit of the Department of Health and Senior Services and eliminates notification and plan submission requirements by hospital architects or professional engineers.

EMERGENCY STATEMENT: This emergency amendment eliminates the approval process currently conducted by the Engineering Consulting Unit of the Department of Health and Senior Services and eliminates the submission of hospital construction plans by hospital architects and processional engineers to the Department of Health and Senior Services for review and approval by its Engineering Consultation Unit (ECU). The Fiscal Year 2027 budget reduces funding for the Department's Division of Regulation and Licensure. As a result, the Department is reducing activities that are not statutorily required, including the review and approval of plans for certain types of healthcare facilities. The Department's existing rules, which carry the force of law, currently mandate the ECU functions being eliminated. This creates an irresolvable legal conflict for both the Department and its stakeholders operating under these rules because the review and approval process will no longer be conducted. This conflict becomes operative July 1, 2026 – a date certain. The standard rulemaking process under section 536.021, RSMo cannot be completed before that date, leaving every healthcare facility with an active or planned construction project without a coherent, lawful regulatory framework. This emergency amendment satisfies both bases for emergency rulemaking under section 536.025, RSMo. First, leaving the existing rules intact after July 1, 2026 creates regulatory uncertainty for facilities, architects, engineers, and contractors operating under those rules – directly implicating public health and safety for facilities serving vulnerable patient populations. Second, there is a compelling governmental interest in maintaining a consistent regulatory framework that does not violate the Department's own binding rules. This amendment does not alter substantive hospital facility obligations; it conforms the Department's procedural role to its operational capacity. As a result, the department finds a compelling governmental interest, which requires this emergency action. A proposed amendment, which covers the same material, will be published in the September 1, 2026, issue of the ***Missouri Register****. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the* ***Missouri*** *and* ***United States Constitutions****. The department believes this emergency amendment is fair to all interested persons and parties under the circumstances. Emergency amendment was filed July 23, 2026, becomes effective August 6, 2026, and expires February 1, 2027.*

(2) Planning and Construction Procedure.

(A) Plans and specifications shall be prepared for the construction of all new hospitals and additions to and modifications or reconstruction of existing hospitals. The plans and specifications shall be prepared by an architect or a professional engineer licensed to practice in Missouri.

[(B) Construction shall be in conformance with plans and specifications approved by the Engineering Consulting Unit of the Department of Health and Senior Services. The Department of Health and Senior Services shall be notified within five (5) days after construction begins. If construction of the project is not started within one (1) year after the date of approval of the plans and specifications, the plans and specifications shall be resubmitted to the Department of Health and Senior Services for its approval and shall be amended, if necessary, to comply with the then current rules before construction work commences.]

(3) Design and Construction Requirements.

(A) New hospitals or portions of hospitals constructed or remodeled after the effective date of this amendment shall be maintained so that the building and its various operating systems comply with the life safety code standards in 42 CFR Part 482 (2017) and 42 CFR Part 485 (2017), which are incorporated by reference in this rule. The *Code of Federal Regulations* is published by the U.S. Government and is available by calling toll-free (866) 512-1800 or going to http://bookstore.gpo.gov/. The address is: U.S. Government Publishing Office, U.S. Superintendent of Documents, Washington, DC 20402-0001. This rule incorporates later amendments and additions to 42 CFR Part 482 (2017) and 42 CFR Part 485 (2017). This rule does not incorporate the following chapters of National Fire Protection Association (NFPA) 99, 2012 edition: chapter 7 – Information Technology and Communications Systems for Heath Care Facilities; chapter 8 – Plumbing; chapter 12 – Emergency Management; and chapter 13 – Security Management. Existing hospital facilities constructed prior to the effective date of this amendment shall maintain and operate the building in compliance with the design and safety regulations in effect at the time of their construction.

(B) New hospitals or portions of hospitals constructed or remodeled after the effective date of this amendment must be constructed so that the building and its various operating systems comply with the standards contained in The Facility Guidelines Institute (FGI) Guidelines for the Design and Construction of Health Care Facilities (2010 edition) or the FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities (2014 edition), which are incorporated by reference in this rule and are published by the FGI at 350 N. Saint Paul Street, Ste. 100, Dallas TX 75201, or so that the building and its various operating systems comply with other standards and guidelines that provide equivalent design criteria. *[Prior to the department granting approval of the construction plans and specifications required in this rule, the architect or professional engineer submitting the plans shall identify the equivalent design criteria used.]* This rule does not incorporate any subsequent amendments or additions. This rule does not incorporate the following chapter of FGI, 2010 edition: 1.2-8 – Commissioning. This rule does not incorporate the following chapter of FGI, 2014 edition: 1.2-7 – Commissioning. Existing hospital facilities constructed prior to the effective date of this amendment shall maintain and operate the building in compliance with the design and construction regulations in effect at the time of their construction.

AUTHORITY: sections 192.006 and 197.065, RSMo 2016, and sections 197.080 and 197.100, RSMo Supp. 2025. This rule was previously filed as 13 CSR 50-20.031 and 19 CSR 10-20.031. Original rule filed June 2, 1982, effective Nov. 11, 1982. Amended: Filed June 14, 1988, effective Oct. 13, 1988. Rescinded and readopted: Filed March 20, 2019, effective Nov. 30, 2019. Emergency amendment

was filed July 23, 2026, becomes effective Aug. 6, 2026, and expires Feb. 1, 2027. An emergency and proposed amendment covering the same material will be published in the September 1, 2026, of the ***Missouri Register.***

PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the time the emergency amendment is effective.

PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars ($500) in the time the emergency amendment is effective.